

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27919

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis (No. Washoe Hospital)

File No. 6969

Registered No. 6969

2. FULL NAME

(a) Residence, No. 1114 So. 11th St. Ward. 77

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Augusta Dement

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1899

7. AGE YEARS 33 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Usher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatrical

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Thomas Dement

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Media Waldrop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT Augusta Dement (ADDRESS) 1114 So. 11th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry Valley Ark DATE 8/12 1933

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Lindell Blvd

20. FILED 11 1933 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1933 to Aug 11 1933

I last saw h. alive on Aug 11 1933 Death is said

to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Summa of Medulla oblongata with brain motor and vagus paralysis 34

Other contributory causes of importance:

C. N. S. Syphilis which chronic focal meningitis Malaria - therapeutic induced

Name of operation..... Date of.....

What test confirmed diagnosis? Kahn Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) R. H. Fitzgerald, M. D.

(Address) 1325 So. Grand

404 85 147